CSD Form 1 Version 3.7 Revised: Dec. 2004

# DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

#### **Request for Laboratory Services**

Customer	Address:						DLS SRN:	
Project Of	ficer:			Request Date (DD-MMM-YYYY):				
TEL:		FAX:		Email:				
Division:		Program:		Installation Site:			ARLOC / WI	C:
Source of	Funds:			MIPR No.:				
Project Nu	mber:			Sampling D	Sampling Date: Delivery Date:			
DLS Samp	ling Kit Require	ed:	Date Kit Re	quired: Kit Shipped By:				
Analysis P	riority Request	ed:		Ju	stification (s	see Note 2):		
calendar da certified ma	<b>Note 1:</b> Sample Priorities are associated with Turnaround Time (TAT) <i>goals</i> and not guarantees. TAT is defined as the number of calendar days from sample receipt at the laboratory to the transmittal of data by Electronic Data Deliverable (EDD) courier, FAX, or certified mail. The DLS "in-house" TAT <i>goals</i> are: Routine: 14 days, Immediate: 7 days, and Emergent: 48-96 Hrs. (test dependent). Qualitative Identification of contaminants from samples of unknown origin may require 30 to 90 days or more to complete.							
Note 2: Imi	mediate / Emerg	ent analysis priority <i>r</i>	e <b>quires</b> a written s	tatement doc	umenting the	<i>risk</i> that justifie	s the elevated	priority.
Note 3: Th	is Request for La	aboratory Service will onfirmation of an update	be cancelled 60 ca	alendar days a				
Note 4: DL	S assumes neith	er responsibility nor	iability for the sam	pling protocol	s employed b	y the customer.		
Note 5: Unless noted below, I (the customer) hereby authorize DLS when necessary to sub-contract requested analyses to an accredited Contract Laboratory to meet my requirements.					an			
I do <b>NOT</b> authorize DLS to sub-contract analyses. Please contact me before sending my samples to a contract lab.					аb.			
			Projecte	d Samples				,
	Analys	sis	Matrix	Quantity		Remarks		DLS Use
								CL
Reques	t lead (Pb) samples b	e analyzed IAW ELLAP crit	eria – Note: Pb "Wipes" i	nust meet ASTM I	I 1792 specification	ons. SPACE BELO	W PROVIDED FOR ANAI	LYSIS COMMENTS:
			— For Laborat	tory Use Only	/—			
	Inor	ganic Analyses			C	Organic Analys	es	
Accept	Reject Da	ate:	Initials:	Accept	Reject	Date:	Init	tials:
Comments	<b>3</b> :			Comments	<u>:                                    </u>			
PI	ease contact us	s. DLS professionals	s would be deligh	ted to help a	nswer any o	f your question	s and concer	ns!
	DSN	•	mercial			ail address to er		
<b>TEL</b> 314	-486-8181 / 705	2 +49 (06371) 86	-8371 / 6052	Email	usachppr	neur.dlshotline	@amedd.arm	y.mil
<b>FAX</b> 314	-486-7054 / 878	8 +49 (06371) 86	-7054 / 8788	Web Site	www.chp	pmeur.healthc	are.hqusareur	.army.mil

CSD Form 2 Version 1.4 Revised: Dec. 2004

# DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

#### Request for Laboratory Analysis: Industrial Hygiene Bulk Sample

Customer Address:							DLS SRN:		
Project Officer:				Project No.:		_			
TEL:		FAX:		Email:	Email:				
Installation Site:				ARLOC / WIC:					
Fund Source:				MIPR No.:					
Collection Date:			Time:	Analysis P	riority:				
Sample ID:									
				ne sampling protocols e					
Note 2: Unless noted below, I (the customer) hereby authorize DLS when necessary to sub-contract requested analyses to an accredited Contract Laboratory to meet my requirements.  — I do NOT authorize DLS to sub-contract analyses. Please contact me before sending my samples to a contract lab.									
Description of Oper									
# Persons Exposed	:		Hours / Day:		Associat	ed Air Samp	les Collected:		
Associated Compla	ints:								
			La	abel Information					
Trade Name:			NSN:		Manufacture	er:			
Address:		<u></u>					MSDS Attached:		
Analysis Requested	l:								
DLS Sample ID	Field	d ID	Sample Area	Constitue	nts		Remarks		
DEG Gampio ib	1 101	4 15	Campio Airoa	Constitue			Nomano		
Poqueet loge	I (Dh) og	mples be a	angloged IAW FI	IIAD anitania Nata	DL WWince? w	west most AS'	TM E 1792 specifications.		
		-	inatyzea IAW EI	LLAF Criteria – Note:	Po "Wipes" m	iust meet AS.	IM E 1792 specifications.		
Comments to the La	Comments to the Laboratory:								
			— For L	aboratory Use Only -	_				
Date Received:			Received E	Ву:		Holding Area	a:		
<b>Laboratory Comme</b>	nts:								

CSD Form 3 Version 1.4 Revised: Dec. 2004

# DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

Request for Laboratory Analysis: Industrial Hygiene Air Sample

Customer Address:						DLS SRN:	
Project Officer:			Project No.:				
TEL:	FAX:		Email:				
Installation Site:				C / WIC	•		
Fund Source:	,		MIPR	No.:			
Collection Date:		Time:		Analysi	is Priority:		
Sample ID:							
Note 1: DLS assumes neither							
Note 2: Unless noted below, I	(the custom	er) hereby authoriz	ze DLS v	vhen nece	ssary to sub-contr	act requeste	d analyses to an
accredited Contract Laborator			os Ploa	se contact	· me hefore sendin	a my samnla	es to a contract lab.
- 1 do <b>NO1</b> adinor	IZE DLO 10 3	ub-contract arialys	es. r iea	se comaci	The before sendin	y my sample	s to a contract lab.
Description of Operation:							
Description of Operation.							
Persons Exposed:	ı	Hours / Day:			Method of Colle	ection:	
Associated Complaints:							
Analysis Requested:							
Criteria				Samplii	ng Data	Т	
Sample No.							
Pump No.							
Time On							
Time Off							
Total Minutes							
Flow Rate (LPM)							
Volume (L)							
GA/BZ							
Employee ID							
DLS Sample ID							
Request lead (Pb) sai	nples be ar	nalyzed IAW ELI	LAP crit	teria – No	ote: Pb "Wipes" mi	ust meet AST	M E 1792 specifications.
Comments to the Laboratory	y:						
		Eo. I	ahorato	y Use On	nlv —		
Date Received:		Received B		y USE OII		Holding Are	a:
Laboratory Comments:							

CSD Form 4 Version 2.2 Revised: Dec. 2004

# DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

Request of Laboratory A	Analysis: Bulk Liquid / Ground Wate	r / Wastewater Profile Sheet				
Customer Address:		DLS SRN:				
Project Officer:	Project No.:					
TEL: FAX:		Email:				
Installation Site:		ARLOC / WIC:				
Fund Source:	MIPR No.:	1				
Collection Date:	Time: Analysis Priorit	·V·				
Sample ID:	7.11.0.1	· · · · · · · · · · · · · · · · · · ·				
·	ity nor liability for the sampling protocols employ	yed by the customer.				
Note 2: Unless noted below, I (the custom	ner) hereby authorize DLS when necessary to s					
accredited Contract Laboratory to meet m						
– I do <b>NOT</b> authorize DLS to s	sub-contract analyses. Please contact me befor	e sending my samples to a contract lab.				
METALS	Non-Metals	ORGANICS				
Aluminum (AI)	Ammonia	ВТЕХ				
Antimony (Sb)	Total Nitrate / Nitrate (Preserved)	Carbamates				
Arsenic (As)	,	CHC				
Barium (Ba)	Cyanide	EDB / DBCP				
Beryllium (Be)		Herbicides				
Cadmium (Cd)	Alkalinity	PAH				
Calcium (Ca)	Conductivity	РСВ				
Chromium (Cr)	pH	Pesticides				
Cobalt (Co)	TDS	TPH (MDL 0.05 mg/L)				
Copper (Cu)		TPH (MDL 0.02 mg/L)				
Iron (Fe)	Bromide	Please Note: To achieve this MDL				
Lead (Pb)	Chloride	you <i>must</i> submit 2 liters of water.				
Magnesium (Mg)	Fluoride	VOC				
Manganese (Mn)	Sulfate					
Mercury (Hg)		Contract Laboratory Analyses				
Molybdenum (Mo)	Please Note: The following analytes	Acute Toxicity (Daphnia Magna)				
Potassium (K)	have a 48 hour holding time and <i>must</i>	AOX				
Nickel (Ni)	be analyzed by the laboratory within	BOD				
Silver (Ag)	48 hours of their collection.	Boron (B)				
Selenium (Se)	Color	COD				
Sodium (Na)	Nitrate Nitrite	Fish Toxicity				
Zinc (Zn)	Total Nitrite / Nitrite	Hydrogen Sulfide				
Hardness (calculation)	Odor	Kjedahl Nitrogen				
Langlier Index (Saturation Index)	ortho-Phosphate	Oxidizability				
Field Rec: Temp (°C) pH	Turbidity	Surfactants				
		Total Phenols				
Other Analyses (List Below):	Gross Alpha & Beta Activity	Total Phosphorus (P)				
	— For Laboratory Use Only —					

— For Laboratory Use Only —								
Date Received: Received By: Holding Area:								
Laboratory Comments:	Laboratory Comments:							

CSD Form 5 Version 2.4 Revised: Jan. 2005

# DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

Request of Laboratory Analysis: Drinking Water Profile Sheet

			T = =			
Customer Address:		DLS SRN:				
Project Officer:		Project No.:				
TEL: FAX:		Email:				
Installation Site:		ARLOC / WIC:				
Fund Source:		MIPR No.:				
Collection Date:	Time:	Analysis Priority	:			
Sample ID:						
Note 1: DLS assumes neither responsibility						
Note 2: Unless noted below, I (the custom accredited Contract Laboratory to meet my		e DLS when necessary to su	b-contract requested analyses to an			
	•	es. Please contact me hefore	sending my samples to a contract lab.			
r do NOT dadionzo DEO lo s	ab contract analyse	o. I lease contact the before	sorialing my sumples to a contract lab.			
METALS	1	NON-METALS	ORGANICS			
Aluminum (AI)	Ammonia		Carbamates			
Antimony (Sb)	Total Nitra	te / Nitrate (Preserved)	EDB / DBCP			
Arsenic (As)		_	Herbicides			
Barium (Ba)	Cyanide		PAH			
Boron (B)			PCB			
Beryllium (Be)	Alkalinity		Pesticides			
Cadmium (Cd)	Conductiv	rity	TPH (MDL 0.05 mg/L)			
Calcium (Ca)	рН		TPH (MDL 0.02 mg/L)			
Chromium (Cr)	TDS		Please Note: To achieve this MDL			
Cobalt (Co)			you <i>must</i> submit 2 liters of water.			
Copper (Cu)	Bromide		TTHM			
Iron (Fe)	Chloride		TTHM Potential			
Lead (Pb)	Fluoride		VOC			
Magnesium (Mg)	Sulfate		•			
Manganese (Mn)			<b>Contract Laboratory Analyses</b>			
Mercury (Hg)	Please Note	: The following analytes	Asbestos			
Molybdenum (Mo)	have a 48 ho	ur holding time and <i>must</i>	Adipate & Phthalate			
Nickel (Ni)		by the laboratory within	Dalapon			
Potassium (K)	48 nours of ti	neir collection.	Diquat & Paraquat			
Selenium (Se)	Color		Dioxin (TCDD)			
Silver (Ag)	Nitrate	Nitrite	Endothall			
Sodium (Na)	Total Nitrit	te / Nitrite	Glyphosate			
Thallium (TI)	Odor		Kjedahl Nitrogen			
Total Phosphorus (P)	ortho-Pho	sphate	Oxidizability			
Zinc (Zn)	Turbidity		Surfactants			
Hardness (calculation)			Radium 226 & 228 Activity			
Langlier Index	Gross Alp	ha & Beta Activity	Other Analyses (List Below):			
Field Rec: Temp (°C) pH						

— For Laboratory Use Only —								
Date Received: Received By: Holding Area:								
Laboratory Comments:	Laboratory Comments:							

**DLS SRN:** 

**Holding Area:** 

CSD Form 6 Version 1.4 Revised: Jan. 2005

**Customer Address:** 

Date Received:

**Laboratory Comments:** 

#### DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

**Request for Laboratory Analysis: Customer Defined** 

Project Officer:				Project No.:								
TEL:	F	AX:		Email:								
Installation Site:				ARLOC / WIC:								
Fund Source:				MIPR No.:								
Collection Date:			Time:		Analysi	is Priorit	y:					
Sample ID:												
Note 1: DLS assume												
Note 2: Unless note accredited Contract	d below, I (th	e custome	er) hereby author	ize DLS	when nece	ssary to s	ub-contr	act requ	ested a	nalyses	to an	
			ıb-contract analy	ses. Plea	se contact	me befor	e sendin	g my sa	mples to	o a conti	act lab.	
			<u> </u>					<u> </u>	,			
				Analyses								
DLS ID No.	Custo		Matrix									
DES ID NO.	Sample	e No.	Watiix									
Request lond	 (Ph) sampl	es he ana	lyzed IAW ELI	AP crit	eria - No	te: Ph "W	ines" m	ıst moot	ASTM I	 E 1792 er	 pecificat	ions
Preservative Added		co oc ana			(characte		_			- 1.02 of	, wai	
Date:	Time:		By:									
pH:	I		By:									
		I	·									
			— For I	aborato	ry Use On	ly —						

Received By:

# DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

Revised: Jan. 2005

#### **Chain of Custody**

Customer Addr	ess:							DLS SRN:					
Project Officer:					Project No.:								
TEL:		FAX:			Email:								
Installation Site	):	· L			ARLOC / WIC:								
Fund Source:					MIPR No.:								
<b>Collection Date</b>	:		Time	:	Analy	sis Priority:							
Sample ID:													
Note 1: DLS assur													
Note 2: Unless no	ted below,	I (the custom	er) here	eby authorize	DLS when ned	cessary to sub-	contract requested	d analyses to	an				
accredited Contrac					- Diagram				4.1-6				
- I do I	<b>NO I</b> autno	rize DLS to s	ub-coni	ract analyse	s. Please conta	ct me before se	ending my sample	s to a contrac	т іар.				
Sample II	)				Description			Δna	llysis				
- Campion					2 cccp.i.c.i.			7	,				
			Ship	oment Inforn				Se	Seal Intact				
Packed By:					Date: Time:								
Shipped By:					Date: Time:			☐ Yes					
Shipper: Received By:					Tracking No.:  Date: Time:			☐ Yes					
Shipment Receiv	ina Comm	ents:			Date.		Tillie.	<u> </u>	3   2 140				
ompinent Receiv	ing commi	onto.											
				Sample R	eceiving Infori	mation			1				
Sample ID		Receive	ed Bv	Campic K	Date Date	Time	DLS ID	Se	al Intact				
			<b>,</b>					☐ Yes					
								☐ Yes					
								☐ Yes	s □ No				
								☐ Ye	s □ No				
								☐ Yes	s □ No				
								☐ Yes	s □ No				
				sfer of Custod									
DLS ID	Reli	nquished By	<b>'</b>	Date	Time	Rec	eived By	Date	Time				
						1							

Disposal Information							
Sample IDs	Disposed By	Date	Time				

CSD Form 8 Version 1.2 Revised: Jan. 2005

# DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

Request for Laboratory Analysis: Bioassay

Customer Address:					DLS SRN:					
Project Officer: Project No.:										
TEL:	FAX:	Email:								
Installation Site:	•	ARLO	ARLOC / WIC:							
Fund Source:		MIPR N	lo.:							
Collection Date:	Time:	<u> </u>	Analysis Priority	<i>r</i> :						
Sample ID:		l								
_	Note 1: DLS assumes neither responsibility nor liability for the sampling protocols employed by the customer.									
Note 2: Unless noted below,	I (the customer) hereby	authorize DLS wh				an				
accredited Contract Laborato				-						
– I do <b>NOT</b> autho	rize DLS to sub-contrac	ct analyses. Please	contact me before	sending my samp	les to a contra	ct lab.				
	1		1 1		ī	ı				
Name	SSN	DOB	Specimen	Date of Collection	Start Time	End Time				
Requesting Medical Provider:										
Address:										
Phone No:	Fax No:	Ema	ail:							
		— For Laboratory	Use Only —							
Date Received:	Red	eived By:		Holding Are	ea:					
Laboratory Comments:										

CSD Form 9 Version 1.4 Revised: Jan. 2005

#### DEPARTMENT OF THE ARMY USACHPPMEUR DEPARTMENT OF LABORATORY SCIENCES

Request of Laboratory Analysis: Deployment 40 mL Drinking Water Kit (Screen)

Customer Address:			DL	.S SRN:			
Project Officer:	Pr	Project No.:					
TEL: FAX:		Email:					
Installation Site:	Al	RLOC / WIC:					
Fund Source:	M	MIPR No.:					
Collection Date:	Time:	Analysis Priority:					
Sample ID:							
Note 1: DLS assumes neither responsibi							
Note 2: Unless noted below, I (the custor accredited Contract Laboratory to meet n		LS when necessary to sub-c	ontract requested an	alyses to an			
- I do <b>NOT</b> authorize DLS to		Please contact me before ser	nding my samples to	a contract lab.			
METALS & HARDNESS	Non	N-METALS	Non	I- <b>M</b> ETALS			
125 mL Vial	1 – 4	10 mL Vial	1 – 1:	25 mL Vial			
Aluminum (Al)	Ammonia		Gross Alpha	& Beta Activity			
Antimony (Sb)							
Arsenic (As)	1 – 4	10 mL Vial	OF	RGANICS			
Barium (Ba)	Cyanide		3 – 4	0 mL Vials			
Beryllium (Be)			VOC (Include	s TTHM)			
Cadmium (Cd)		25 mL Vial	2 – 40 mL Vials				
Calcium (Ca)	Alkalinity		VOC BLANK				
Chromium (Cr)	Conductivity		L				
Copper (Cu)	pH		2 – 40 mL Vials				
Iron (Fe)	TDS	•					
Lead (Pb)			EDB / DBCP	0 mL Vials			
Magnesium (Mg)	1 – 4	10 mL Vial	Pesticides				
Manganese (Mn)		Nitrite (Preserved Vial)	(includes Lindane and Heptachlor)				
Mercury (Hg)	Total Withate/I	Withte (Freserved Viai)	-	0 mL Vial			
Nickel (Ni)	1 – 4	10 mL Vial	SVOC BLANI				
Silver (Ag)	Color, Appare		0700 227	•			
Selenium (Se)	Turbidity	,	1 – 1	25 mL Vial			
Thallium (TI)	Turblany		PAH				
Zinc (Zn)	1 – 4	10 mL Vial	TAIT				
Hardness (Calculated - Ca & Mg)	Chloride		2 _ 4	0 mL Vials			
Other Metals	Fluoride		Herbicides	VIIIL VIAIS			
			nerbicides				
Sodium (Na)	Sulfate						
Notes				0 mL Vial			
For			Carbamates				
LAB:							
	— For Labor	atory Use Only —					
Date Received:	Received By:		Holding Area:				
Laboratory Comments:							